FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359069	
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Judy Christiansen	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jchristiansen@consortiaconsulting.co	om
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Jata Cone	ection Form									2013	-0380) OIVID COITH OF IN	. 3000-0813
<010>	Study Area Co	ode				359069						
<015>	Study Area Na	ame				ALGONA MUNI	CIPAL UTILITIES					
<020>	Program Year	•				2018						
<030>	Contact Name	e - Person USAC	should contac	t regarding this	data	Judy Christ	iansen					
<035>	Contact Telep	hone Number -	- Number of pe	rson identified	in data line <0	30> 4028181322	ext.					
<039>	Contact Emai	l Address - Ema	il Address of ne	erson identified	in data line <0	130> ichristians	en@consortiaconsu	lting.com				
<210> <220>	•	r calendar yea	ar, were there			-	No No	zd>	405		400	dha
<220>	<9>	<b1></b1>	<d2></d2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>		<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures

	fulfilled Service Request lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control I July 2013	No. 3060-0819
<010>	Study Area Code		359069		
<015>	Study Area Name		ALGONA MUNICIPAL UTILITIES		
<020>	Program Year		2018		
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen		
<035>	Contact Telephone Number - Number of person identified in dat	a line <030>	4028181322 ext.		
<039>	Contact Email Address - Email Address of person identified in dat	a line <030>	jchristiansen@consortiaconsulting.com		
<300> L	Infulfilled service request (voice)		0		
<310> l	Detail on attempts (voice)				
<320>	Unfulfilled service request (broadband)	Name	e of Attached Document		
<330>	Detail on attempts (broadband)	N	ame of Attached Document		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	act regarding this data Judy Christiansen
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 4028181322 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jchristiansen@consortiaconsulting.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior Offered only fixed voice h you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	roice 0.0
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grothe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

•	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359069	
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com	
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes	
		359069iaServiceQuality510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	359069iaEmergencyCertification610.pdf

	ice Offerings including Voice Rate Data llection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359069		
<015>	Study Area Name	ALGONA MU	UNICIPAL UTILITIES	
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this	lata Judy Chri	istiansen	
<035>	Contact Telephone Number - Number of person identified in	data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified i	n data line <030>	jchristiansen@consortiaconsulting.com	
	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge 13	/2017		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
	.		(Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code 35	59069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
-	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
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}									
-									

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		359069
<015>	Study Area Name		ALGONA MUNICIPAL UTILITIES
<020>	Program Year		2018
<030>	Contact Name - Person U	SAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - E	mail Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<810>	Reporting Carrier	Algona Municipal Utilities	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	NA	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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•			
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•			
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•			

	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <035> <039> <900>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Does the filing entity offer tribal land services? (Y/N) Tribal Land(s) on which ETC Serves	359069 ALGONA MUNICIPAL UTILITIES 2018 Judy Christiansen 4028181322 ext. jchristiansen@consortiaconsulting.com No
<920>	Tribal Government Engagement Obligation company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document
demons	rm the status described on the attached PDF, on line 920, trates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	
<923> <924> <925> <926> <927> <928> <929>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.	

		1 086 13
(1000) V	pice and Broadband Service Rate Comparability	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<1000>	Voice services rate comparability certification Yes	
<1010>	Attach detailed description for voice services rate	
	comparability compliance	
		None of Attack of December 1
		Name of Attached Document
<1020>	Broadband comparability certification	
1020	broadband comparability certification	
<1030>	Attach detailed description for broadband	
	comparability compliance	
		Name of Attached Document

(1100) N	o Terrestrial Backhaul Reporting	E	FCC Form 481
	lection Form	C	DMB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2013
<010>	Study Area Code	359069	
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting	g.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	erms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030	> 4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> jchristiansen@consortiaconsulting.com
		359069ialifeline1210.pdf
		3550051a111e11ne1210.pul
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	
	_	
#5 1		
	heck these boxes below to confirm that the attached document(s), on line 1210,	
	bsite listed, on line 1220, contains the required information pursuant to	
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must	
annually	report:	
<1221>	Information describing the terms and conditions of any voice	
\1221/	telephony service plans offered to Lifeline subscribers,	
	terepriority derived plants of teres to another ourself,	
.4222	Details on the number of minutes provided as part of the plan	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	
	- · · · · · · · · · · · · · · · · · · ·	

(2005) Pi	005) Price Cap Carrier Additional Documentation FCC Form 481		
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	359069	
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013		
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}			
<2017A>	Connect America Fund Phase II recipient?			
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.			
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information		
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)			

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Duagraca Danast on E Vacu Dlan			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		Γ	
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	momuton	Г	
(3012B)	Please Provide Attachment	Name of Attached Docu- Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	00	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications			
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required	Name of Attached Docu Information	ment Listing Required	
(3018)	documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	0 0	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement			
(3021)	and Statement of Cash Flows Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> jchristiansen@consortiaconsulting.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	359069
	ALGONA MINIGIPAL URBILIRING

<010>	Study Area Code	359069
<015>	Study Area Name	ALGONA MUNICIPAL UTILITIES
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Consortia Consulting is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Consortia Consulting Name of Reporting Carrier: ALGONA MUNICIPAL UTILITIES Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/14/2017 Printed name of Authorized Officer: John Bilsten Title or position of Authorized Officer: General Manager Telephone number of Authorized Officer: 5152953584 ext. Filing Due Date for this form: 07/03/2017 Study Area Code of Reporting Carrier: 359069 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients o the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported	•				
Name of Reporting Carrier: ALGONA MUNICIPAL UTILITIES					
Name of Authorized Agent Firm: Consortia Consulting					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:	06/14/2017			
Name of Authorized Agent Employee: Judy Christiansen					
Title or position of Authorized Agent or Employee of Agent Consultant					
Telephone number of Authorized Agent or Employee of Agent: 4028181322 ext.					
Study Area Code of Reporting Carrier: 359069 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001.	C. §§ 502, 503(b), or	fine or imprisonment under Title			



Algona Municipal Utilities

Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules for Voice and Broadband Services

Service quality standards and consumer protection rules for broadband are not as defined as the rules for voice services. The Company complies with any service quality standards and consumer protection rules for broadband that are out there now and any that will be defined in the future.

Service Quality Standards

For voice services, the Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.

For voice and broadband services, the Company:

- Advertises the availability of its services and the charges using media of general distribution and/or on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - o Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.
- Meets or exceeds the standards established by the state commission and provides any reports required in accordance with the state commission's rules.

Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

If complaints are filed with the Company regarding consumer protection rules, the complaint is immediately investigated, the matter tracked and any corrective action noted. This process ensures that problems are addressed and corrections made.

Algona Municipal Utilities

Functionality in Emergency Situations

Back-Up Power

Algona Municipal Utilities equipment is operated on a 48 volt DC electric system. The system has a battery backup plant that consists of 2 redundant strings of 24 separate batteries with individual capacity of 241 amp/hours. The total capacity of each battery string is 723 amps or 1,446 amps total capacity. The current load on the system is 335 amps. As a result, we have over 4 times the capacity needed in our batter backup plant. This plant has an 8 hour capacity.

Algona Municipal Utilities serves a portion of our customers with a digital voice service. The digital voice system does not utilize a DC electric system and plant based battery/generator backup. As a result, a backup power supply (battery) is required for digital voice service to be in service in the event of a power outage. A backup battery, is provided to the customer and installed to allow a regular corded land line phone to work during a power outage and to maintain the ability to connect to 911 emergency services. When a power outage occurs, the customer must have one corded single-line touchtone phone connected directly to the Wi-Fi gateway/ONT or in-home wiring (wall jack) and the gateway connected directly to the battery backup unit.

In addition, AMU has on-site generation for the equipment facility that consists of a 100 kW natural gas generator with an automatic transfer switch.

The Algona Municipal Utilities outside plant consists of a combination battery backup/natural gas generator at multiple locations within the distribution system to cover our entire telephone system in the event of a power outage.

The ability to use battery backup and on-site generation allows Algona Municipal Utilities to operate without an external power source.

Rerouting of Traffic around Damaged Facilities

Algona Municipal Utilities distribution system is on a self-healing redundant ring. The facilities will automatically reroute traffic around damaged facilities to avoid loss of service to undamaged areas of the system.

Traffic Spikes

Algona Municipal Utilities switch has a backplane capacity of 24,000 calls. The call processing capacity in terms of Busy Hour Call Attempts (BHCA) is 250,000 or 69 calls processed per second. Currently, Algona Municipal Utilities has 1,900 active lines. This switch capacity easily allows us to support sporadic traffic spikes in calls.

Algona Municipal Utilities

Lifeline Terms and Conditions

Algona Municipal Utilities (Algona) offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line or qualifying broadband internet access service (BIAS) per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service or qualifying BIAS Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

<u>Lifeline Program Eligibility Information</u>

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Federal Public Housing Assistance (Section 8)
Supplemental Nutrition Assistance Program (SNAP)
Medicaid
Supplemental Security Income (SSI)
Veteran's Pension and Survivor Benefit

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2017 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous	Alaska	Hawaii
	States and D.C.		
1	\$16,281	\$20,331	\$18,711
2	\$21,924	\$27,392	\$25,205
3	\$27,567	\$34,452	\$31,698
4	\$33,210	\$41,513	\$38,192
5	\$38,853	\$48,573	\$44,685
6	\$44.496	\$55,634	\$51,179
7	\$50,139	\$62,694	\$57,672
8	\$55,782	\$69,775	\$64,166
For each additional	\$5,643	\$7,061	\$6,494
person, add			

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Lifeline Program Service

Algona's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Algona's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

BIAS minimum speed and usage allowance standards are required for the service to qualify.

Lifeline recipients may transfer the Lifeline benefit to a new company once every sixty days for telephone service and once every 12 months for BIAS.

Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Algona. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either telephone or BIAS. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.